

"PATENT"

AMENDMENT TRANSMITTAL FORM

In re application of: ChangMin Chun et als.
 U. S. Serial No.: 10/002,576 [819,101]
 Filed: October 26, 2001
 For: REACTIVE HEAT TREATMENT TO FORM
 PEARLITE FROM AN IRON CONTAINING
 ARTICLE

) Before the Examiner
) Harry D. Wilkins III
)
) Confirmation Number: 4233
) Group Art Unit: 1742
) Family Number: P2001J062

Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the
 Commissioner for Patents facsimile number 1-703-872-9310 on the date shown below.

Jacqueline Wright

Type or print name of person signing certification

Signature

Date

Transmittal herewith is an Introductory Comment in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be \$ _____ to extend the time for filing this response until _____.

The fee for any changes in number of claims has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | | |
|------------------------------|--|-------|--|-------------------------|-------------|-----|
| (1) | (2) Claims Remaining After Amendment | (3) | (4) Highest Number Previously Paid For | (5) Present Extra | (6) Rate | (7) |
| Total Claims | * 6 | Minus | ** 30 | — | x 18.00 | — |
| Indep. Claims | * 1 | Minus | *** 3 | — | x 86.00 | — |
| MULTIPLE DEPENDENT CLAIM FEE | | | | | \$290.00 | — |
| FEE FOR CLAIM CHANGES | | | | | | — |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this Introductory Comment, including claim changes and any extension of time is calculated to be \$ 0.

☒ Charge \$ 0 to Deposit Account No. 05-1330.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

DATE OF SIGNATURE

Post Office Address: [to which correspondence is to be sent]
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 P. O. Box 900
 Annandale, New Jersey 08801-0900

ATTORNEY OR AGENT OF RECORD

Estelle C. Bakun

Registration No. 35,054

☐ Pursuant to 37 CFR 1.34(a)

Facsimile Number: (908) 730-3649



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PATENT TRADEMARK OFFICE